PTO/SB/08 (08-03)

Approved for use through 7/31/2006, 0x89 0551-0032
U.S. Peteril and Trademark Office; U.S. DEPARTMENT OF COMMERCE
to a collection of information unless it displays a valid OMB control number.

PATENT APPLICATION FEE DETERMINATION RECORD								or Docket Num	pet
Substitute for Form PTO-875									
CLAIMS AS FILED - PART I (Column 1) (Column 2)					SMALL ENTITY		OR I	OTHER THAN SMALL ENTITY	
	NUMBER F		MUMBER	EXTRA	RATE	FEE		RATE	FEE
BASIC FEE						146	OR		
(37 CFR 1.16(p)) 107AL CLAUS 115(c) 117 CFR 1.16(p) 117 CFR 1.16(p) 117 CFR 1.16(p)					× 8		OR.	× 8=	
(37 CFR 1.18(cf) BEDEPENDENT CLAIMS			1.		x 8		OR	x s•	
Q7 CFR 1.16(b)) HERES 3 -			1		+5.		OR	+3 •	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))						448	OR	TOTAL	
• If the difference in colu	740	J OK	. IOIAL E						
CLAIMS AS AMENDED - PART II									
11-147X (Cotumn 3)					SMAL	L ENTITY	QR	SMALL	
10.1.03	(Column 1)	-	HIGHEST	PRESENT	RATE	ADDI-]	RATE	ADDI-
	REMAINING AFTER	P	NUMBER REVIOUSLY	EXTRA	. ~~	TIONAL	l		TIONAL FEE
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FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					TOTAL	-	OR	TOTAL .	
					ADD'L FE	٤ ــــــــــــــــــــــــــــــــــــ	OR	ADD'L FEE	<u></u>
	(Column 1)		(Column 2)	(Cotumn 3)			-		
	CLAIMS REMAINING		HIGHEST NUMBER	PRESENT	RATE	ADDI-	1	RATE	ADDI- TIONAL
8	AFTER AMENDMENT	1	PAID FOR	EXTRA	<u> </u>	TIONAL FÉE	1		FEE
Total gr own 1.58(d) Z tedependent U (2 OWR 1.18(d)		Minus .	20	٠	x 8		OR	x 5	
C profit Little		Minus '	3	•	- x s		+ OR	x \$s	
 					1		OR	+ 1	
FRIST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(1))					TOTAL	:	OR	TOTAL ADD'L FEE	
ADDIL FEE OR ADDIL FEE									
	(Column 1)		(Cotumn 2)	(Column 3)	1. [7	0.17	AC01-
03/2/1	CLAIMS REMAINING		NUMBER PREVIOUSLY	PRESENT EXTRA	RATE	TIORAL		RATE	TIONAL
5/13/19	AFTER AMENDMENT		PAID FOR		┨┠──	FEE	-{	1	
T feel grade Lukel)	6	Minus	<u>~20</u>	-	×3	//	→ OR	1	
T (final gar organization) V (final gar organization) Indeptendent gar orm (1464) INDEST PRESSENTIA	\mathcal{A}	Minus	<u> 3</u>		<u> </u>		→ °®	× •	
FIRST PRESENTATION OF MALTIPLE DEPENDENT CLAIM (37 CFR 1.18(4))					_كنا ا	-	_ O®	TOTAL TOTAL	
					JOTAL ADD'L F	EE	OR	ADD'L FEE	
• If the entry in column 1 is less than the entry in column 2, write "O" in column 3.									
• If the entry in column 1 is tess than the entry in column 2 while the standard of the entry in column 1 is tess than 3 onter 20. • If the "Highest Number Previously Paid For" IN THIS SPACE is tess than 3, enter 3. •• If the "Highest Number Previously Paid For" IN THIS SPACE is tess than 3, enter 3. •• If the "Highest Number Previously Paid For" IT and or independent) is the highest number tound in the appropriate box in column 1.									

The "righest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in constant.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in constant.

This collection of information is required by 37 CFR 1.18. The information is required to obtain or retain a benefit by the public which is to Go (and by the This collection is estimated to take 12 minutes to complete. USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete. USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete this form and/or suggestion from to the USPTO. Time will vary depending upon the individual case. Any comments including gathering, preparing, and submitting the complete this form and/or suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Petern on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Petern and Trademark Office, U.S. Department of Commence, P.O. Box 1450, Alexandria, VA 22313-1450.

ADDRESS, SEND TO: Commissioner for Patants, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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